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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Application or Docket Number  10665438		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED NUMB		ER EXTRA		RATE	FEE		RATE	
	SIC FEE CFR 1.16(a))		1 44					s	OR	1000	FEE
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =				x \$ =		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
INDEPENDENT CLAIMS		15							OR	× \$=	
<u> </u>	CFR 1.16(b))		minus 3 = 1				× \$ =	<u> </u>	OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=	<u> </u>	OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column BEST AVA							TOTAL		OR	TOTAL	
	CL	AIMS AS AM	ENDED	– PART II	DESI AV	A	ILABLE	COPI	,		
	a . Conta	(Column 1)	,	(Column 2)	(Column 3)		SMALL E		OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
OME	Total (37 CFR 1.16(c))	23	Minus	" 23	=		x \$=		OR	× \$=	
EN	Independent (37 CFR 1.16(b))	3	Minus	··· 6	=		x \$=		OR	x \$ =	· · · · · · · · · · · · · · · · · · ·
A	FIRST PRESENTA	ATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))		+s =		OR	+s =	
						Ł	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=		× \$ =		OR	 X \$ =	
AMENDM	Independent (37 CFR 1.16(b))	•	Minus	•••	=	l	× \$ =	-	OR	x \$ =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$ =		OR	+ \$ =	
1	<del></del>			÷ 5	<del> </del>	L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
ENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
٥	Total (37 CFR 1.16(c))	•	Minus	**	=		x \$=		OR	x \$=	
AMENOMEN	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x \$=		OR	x s=	
⋛	FIRST PRESENTA	TION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$ =		OR	+ \$ =	
		· · · · · · · · · · · · · · · · · · ·				L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

<sup>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</sup>